Attorney Docket No.: CYPR-CD02209



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the below date of deposit. Name of Person 10/31/2007 Thomas M. Catale Signature of the Person Date of Deposit: Making the Deposit: Making the Deposit: In re Application of: S. Babar Raza Application No.: 10/773,948 Examiner: Nguyen, Hanh N. Filed: 2/6/2004 Art Unit: 2616 Confirmation No.: 2169 For: A DEVICE THAT PROVIDES THE FUNCTIONALITY OF DUAL-PORTED MEMORY USING SINGLE-PORTED MEMORY FOR MULTIPLE CLOCK DOMAINS Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 AMENDMENT TRANSMITTAL 1. Transmitted herewith is an amendment for this application X Transmitted herewith is a response to an office action for the above identified patent application. sheets) 2 sheets of Replacement Drawings. Transmitted herewith are X Other: Terminal Disclaimer and \$130.00 fee are included. 2. Applicant is other than a small entity **Extension of Term** 3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (a) [] (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:) Extension Fee I one month \$120.00 I two months \$460.00 [ ] three months \$1,050,00 [ ] four months \$1,640.00 \$2,160.00 [ ] five months Fee \$

If an additional extension of time is required, please consider this a petition therefor.

(b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

1 of 2 rev. 10/04 kgr

Attorney Docket No.: CYPR-CD02209

## Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)					
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total
Total Claims	20	- 20=	0	x \$50.00	\$0.00
Independent Claims	3	- 3=	0	x \$210.00	\$0.00
Multiple Dependent Claim Fee (one or more, first added by this amendment) \$360.00					\$0.00
Total Fees					\$0.00

## **PAYMENT OF FEES**

- 5. The full fee due in connection with this communication is provided as follows:
- [ X ] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: <u>50-4160.</u>

  A <u>duplicate copy</u> of this authorization is enclosed.
- [X] A check in the amount of \$130.00
- [ ] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 50-4160.

Please direct all correspondence concerning the above-identified application to the following address:

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Respectfully submitted,

Date: October 31, 2007

Thomas M. Catale Reg. No. 46,434

2 of 2 rev. 10/04 kgr